Approved by FDA on 3/22/94

Individual Safety Report

3192830-1-00-01

oll Pharmaceutical Company

Mfr report # USA000670

JF/Dist report #

FDA Use Only

Page 1 of 2

THE FDA MEDICAL PRODUCTS REPORTING PROGRAM

A. Patient information

1. Patient identifier: -- in confidence
2. Age at time of event: 43 yrs or ____ Date of birth: [redacted]
3. Sex: ☐ female ☒ male
4. Weight: UNK lbs or UNK kgs

B. Adverse event or product problem

1. ☒ Adverse event and/or ☐ Product problem (e.g., defects/malfunctions)

2. Outcomes attributed to adverse event (check all that apply)
- ☒ death 05/06/94 (mo/day/yr)
- ☐ life-threatening
- ☒ hospitalization - initial or prolonged
- ☐ disability
- ☐ congenital anomaly
- ☐ required intervention to prevent permanent impairment/damage
- ☐ other:

3. Date of event (mo/day/yr): 04/26/94

4. Date of this report (mo/day/yr): 01/29/99

5. Describe event or problem

Acidosis; centrilobular necrosis; cholestasis; gastric and bladder hemorrhage; splenitis; bronchitis and pulmonary congestion leading to death
LITERATURE STUDY
Notification via litigation of case summaries provided by physician/author of literature report (NEJM 1997, 337, 1112-7). Information provided based on extracted data from medical records of patients hospitalized for acetaminophen ingestion between 01-Jan-1992 to 30-Apr-1994. According to abstracted data, a 43-year-old fasting male with history of alcohol abuse and three- (3) day history of nausea, vomiting and fever ingested unspecified doses of Tylenol and Vicodin for flu-like symptoms and abdominal pain. On *

6. Relevant tests/laboratory data, including dates

26-Apr-1994: creat=3.0, AST=5480; ALT=225; AP=181; bili=8.9; GGT=249; TP=6.6; Alb=3.9; PT=55.9; NH3=272; acetimophin level=5; ETOH level=neg. 05-May-1994: Creat=6.5; AST=160; ALT=129; AP=59; bili=31.4; GGT=84; TP=4.5; Alb=2.3; PT=37.8. May 1994 *

7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

Poor nutritional status, history of delirium and tremors in 1990, history of alcohol abuse; last drink 3 days prior to admission, denies history of IV drug use, history of ETOH consumption; 12 pack/day; autopsy report revealed; no apparent cirrhosis, *

C. Suspect medication(s)

1. Name (give labeled strength & mfr/labeler, if known)
#1 VICODIN
#2 TYLENOL

2. Dose, frequency & route used
#1 1 TAB UNK PO
#2 1 TAB UNK PO

3. Therapy dates (if unknown, give duration) (from/to (or best estimate))
#1 24-FEB-94 to UNK
#2 24-APR-94 to UNK

4. Diagnosis for use (indication)
#1 *
#2 *

5. Event abated after use stopped or dose reduced
#1 ☐ yes ☐ no ☒ doesn't apply
#2 ☐ yes ☐ no ☒ doesn't apply

6. Lot # (if known)
#1 UNK
#2 UNK

7. Exp. date (if known)
#1 Unknown
#2 Unknown

8. Event reappeared after reintroduction
#1 ☐ yes ☐ no ☒ doesn't apply
#2 ☐ yes ☐ no ☒ doesn't apply

9. NDC # - for product problems only (if known)
#1 NI #2 NI

10. Concomitant medical products and therapy dates (exclude treatment of event)
Name: none Dates:

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G. All manufacturers

1. Contact office - name/address (& mfring site for devices)
Knoll Pharmaceutical Company
3000 Continental Drive - North
Mount Olive, New Jersey 07828-1234

FEB 08 1999

2. Phone number: (973) 426-2600

3. Report source (check all that apply)
- ☐ foreign
- ☐ study
- ☒ literature
- ☐ consumer
- ☒ health professional
- ☐ user facility
- ☐ company representative
- ☐ distributor
- ☐ other:

UNITED STATES

4. Date received by manufacturer (mo/day/yr): 02/05/98

5. (A)NDA # 88-058
IND #
PLA #
pre-1938 ☐ yes
OTC product ☐ yes

6. If IND, protocol #

7. Type of report (check all that apply)
☐ 5-day ☒ 15-day
☐ 10-day ☐ periodic
☐ Initial ☒ follow-up # 1

8. Adverse event term(s)
ACIDOSIS NOS, HEPATIC NECROSIS, CHOLESTASIS, GASTRIC HAEMORRHAGE, SPLEEN DISORDER NOS, BRONCHITIS NOS, PULMONARY CONGESTION, URINARY BLADDER HAEMORRHAGE, *

9. Mfr. report number: USA000670

E. Initial reporter

1. Name, address & phone #
Dr. [redacted]
[redacted] USA *

2. Health professional? ☒ yes ☐ no

3. Occupation: PHYSICIAN

4. Initial reporter also sent report to FDA ☐ yes ☐ no ☒ unk

FDA
Domain Facsimile of FDA Form 3500A

Submission of a report does not constitute an admission that medical personnel, user facility, distributor, manufacturer or product caused or contributed to the event.

Item completed on continuation pages.

Individual Safety Report

3192830-1-00-02

oll Pharmaceutical Company

MED WATCH	A.1. Patient Identifier	G.9. Mfr. report number	Page 2 of 2
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B.5. Describe event or problem

[continuation:] 26-Apr-1994, patient was admitted to ICU with lactic acidosis and oliguria. Patient later developed portal systemic encephalopathy, acute respiratory distress syndrome and coagulopathy. Patient was treated with acetylcysteine and put on dialysis. According to extracted data patient expired on 06-May-1994. Diagnosis upon death includes centrilobular congestion and atrophy consistent with centrilobular necrosis, severe cholestasis, and mucosal hemorrhage of stomach and bladder, splenitis, bronchitis with tracheitis and pulmonary congestion. There was no cirrhosis noted. No further information is expected.

Follow-up #1 (25-Jan-1999): The hospital admission note revealed the patient took 2 tablets of Vicodin and 2 tablets of Tylenol 2 days prior to admission (24-Apr-1994). The patient presented with decreased systolic blood pressure and acute hepatic failure. The treatment plan inclu ed antibiotics. The final autopsy report listed the principal diagnosis as massive centrilobular hepatic necrosis, diffuse alveolar damage of lungs, exudative phase, and bronchopneumonia

B.6. Relevant tests/laboratory data, including dates

[continuation:] MBsAg=neg, a-HBc=neg, a-HVC=neg, ANA=neg

B.7. Other relevant history, including preexisting medical conditions (e.g., allergies, race, pregnancy, smoking and alcohol use, hepatic/renal dysfunction, etc.)

[continuation:] the presence of ascites, muscle wasting and testicular atrophy are consistent with the effects of chronic liver disease

C.4. Diagnosis for use (indication) (Suspect #1)

abdominal pain, flu-like symptoms

C.4. Diagnosis for use (indication) (Suspect #2)

abdominal pain, flu-like symptoms

G.8. Adverse event term(s)

[continuation:] OLIGURIA, ENCEPHALOPATHY NOS, ADULT RESPIRATORY DISTRESS SYNDROME, COAGULATION DISORDER NOS, HYPOTENSION, HEPATIC FAILURE, LUNG DISORDER NOS, PNEUMONIA NOS

E.1. Name, address & phone #

[continuation:] Phone: [redacted]

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ADVERSE [illegible] SYSTEM

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BY:_____